# PIOODTHU

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R. WHITE

TO AUG 27 PH 3: 4:
SECRETARY OF STATE

#### **COVER LETTER**

Division of Corporations NAME OF CORPORATION: \_ /*0000*07 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Mame of Contact Person TET BANGER STOP CORP Firm/ Compai 1400 fW 9 fk WE Address E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: TMYCON CONVENCES at ( 786 ) 459 253 o

Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

#### **Mailing Address**

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

### Articles of Amendment to Articles of Incorporation

FILED

18 AUG 27 PH 3:45

SECRETARY OF ST

If T BARREX SHOP	CORP		EALL Allassee ci	STATE
(Name of Corporation as currently	filed with the Flo	rida Dept. of State)	יייייייייייייייייייייייייייייייייייייי	-ORIDAS
P 100000.	77464			
(Document Number		(nown)		_
Pursuant to the provisions of section 607.1006, Flor its Articles of Incorporation:	ida Statutes, this <i>Fl</i>	orida Profit Corpor	ation adopts the followin	g amendment(s) to
A. If amending name, enter the new name of the	corporation:			
				_The new
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Co word "chartered," "professional association," or to	orp," "Inc," or "Ce	o". A professional	incorporated" or the a corporation name must	bbreviation contain the
B. Enter new principal office address, if applical (Principal office address <u>MUST BE A STREET A</u>	ble: DDRESS )			-
				-
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E	<u>80X</u> )			-
		-		-
D. If amending the registered agent and/or registered agent and/or the new registered	tered office addresed of fice address:	s in Florida, enter t	the name of the	
Name of New Registered Agent				
<del></del> .	(Florida street	(address)		
New Registered Office Address:		1	Florida	
	(City)	······································	(Zip Code)	-
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent	l <mark>egistered Agent:</mark> . I am familiar wit	h and accept the obl	igations of the position.	
Signature of	New Registered Ag	ent, if changing		

## If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change. Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:	,		
X Change	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{v}}$	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	VF	ANTONIO ROTRI	CNEZ 6785 NW 169th 55
Add			AST A
Remove			MANI FL 33015
2) Change			
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

amending or adding additional Art tach additional sheets, if necessary).	(Be specific)			
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		<del>1 a</del> · t		
an amandment provides for an anal		4!	41. 61 1.1	
n amendment provides for an exclusions for implementing the amo	ndment if not con	tion, or cancella	<u>HON OI ISSU<b>c</b>A SN</u> Iendment itself:	ares,
(if not applicable, indicate N/A)				
			<del></del>	
		<del></del>		
		<del>-</del>		
				.,,

The date of each amendment(s) adoption: 872//3 date this document was signed.	if other than th
Effective date if applicable:	
(no more than 90 days after amendment file date)	_
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 3/22/3	
By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	_
Taylor Conzalez (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
Tresident  (Title of person signing)	
(Title of person signing)	_